

10/563832

IAP20 Res UFGT/PTO 09 JAN 2006

Application Data Sheet

Application Information

| | |
|----------------------------------|--|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | Paper |
| Computer Readable Form (CRF)?:: | Yes |
| Number of copies of CRF:: | 1 |
| Title:: | DIAGNOSIS AND TREATMENT METHODS RELATED TO AGING (8A) |
| Attorney Docket Number:: | KOPCHICK8A |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 0 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

| | |
|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | John |

| | |
|---|----------------|
| Middle Name:: | J. |
| Family Name:: | KOPCHICK |
| Name Suffix:: | |
| City of Residence:: | Athens |
| State or Province of Residence:: | Ohio |
| Country of Residence:: | United States |
| Street of Mailing Address:: | 4 Orchard Lane |
| City of Mailing Address:: | Athens |
| State or Province of Mailing Address:: | Ohio |
| Country of Mailing Address:: | United States |
| Postal or Zip Code of Mailing Address:: | 45701 |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | Markus |
| Middle Name:: | |
| Family Name:: | RIDERS |
| Name Suffix:: | |
| City of Residence:: | Gunnison |
| State or Province of Residence:: | Colorado |
| Country of Residence:: | United States |
| Street of Mailing Address:: | 602 W. Georgia |
| City of Mailing Address:: | Gunnison |
| State or Province of Mailing Address:: | Colorado |
| Country of Mailing Address:: | United States |
| Postal or Zip Code of Mailing Address:: | 81230 |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | Karen |
| Middle Name:: | T. |
| Family Name:: | COSCHIGANO |
| Name Suffix:: | |

City of Residence:: The Plains
 State or Province of Residence:: Ohio
 Country of Residence:: United States
 Street of Mailing Address:: 11703 Channingway Blvd.
 City of Mailing Address:: The Plains
 State or Province of Mailing Address:: Ohio
 Country of Mailing Address:: United States
 Postal or Zip Code of Mailing Address:: 45780
 Applicant Authority Type:: Inventor
 Primary Citizenship Country:: United States
 Status:: Full Capacity
 Given Name:: Elahu
 Middle Name:: S.
 Family Name:: GOSNEY
 Name Suffix::

City of Residence:: Athens
 State or Province of Residence:: Ohio
 Country of Residence:: United States
 Street of Mailing Address:: 111 W. State Street
 City of Mailing Address:: Athens
 State or Province of Mailing Address:: Ohio
 Country of Mailing Address:: United States
 Postal or Zip Code of Mailing Address:: 45701

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

| | | | |
|------------------|---|-----------------|---------------|
| Application:: | Continuity Type:: | Parent | Parent Filing |
| | | Application:: | Date:: |
| This Application | National Stage of | PCT/US2004/0219 | 07-08-04 |
| | | 44 | |
| PCT/US2004/0219 | Appln claiming benefit of 35 USC 119(e) | 60/485,222 | 07-08-03 |

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

| | |
|---|---|
| Assignee Name:: | OHIO UNIVERSITY |
| Street of Mailing Address:: | Technology Transfer Office, 20 East Circle Drive |
| City of Mailing Address:: | Athens |
| State or Province of Mailing Address:: | Ohio |
| Country of Mailing Address:: | United States |
| Postal or Zip Code of Mailing Address:: | 45701 |